

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-038920
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5535

FILED NOV 9 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 24 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Wilbur S. Reid		4. DATE OF DEATH Month Day Year October 30 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-14-1905
9. AGE (last birthday) 57 Yrs		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Service Pipeline	
11. BIRTHPLACE (City and state or country) Marceline Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Reid		13b. MOTHER'S MAIDEN NAME Della Simpson	
14. NAME OF HUSBAND OR WIFE Betty Reid		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Betty Reid 701 N. Park Carrollton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute & Chronic Pyelonephritis, Sept 10 weeks		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Sinusitis	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from 10-6-62 to 10-30-62 and last saw him alive on 10-30-62 Death occurred at Kansas City Mo 4pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Arnold St. Arms M.D.		22b. ADDRESS 4320 Wornell St. City Mo	
22c. DATE SIGNED 10/31/62		22d. LOCATION (City, town, or county) (State) Marceline, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-31-62	
23c. NAME OF CEMETERY OR CREMATORY Mount Olive		23d. LOCATION (City, town, or county) (State) Marceline, Missouri	
24. FUNERAL DIRECTOR Stine & M. Clure Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 10-31-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Arnold V. Arms MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 9 1962

An Annet Anna
4320 W. 1st
KE MO 6552
Burkings
10:30 a.m. - 12 noon

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.